

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/			
2		1	/	1		
3	1		1			
4	1		1			
5	4		1			
6	4		1			
7	4		1			
8		1	1			
9	1		1			
10	1		1			
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13	1		1			
14	3		1			
15	3		1			
16	1		1			
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TOTAL IND.			3			
TOTAL DEP.			24			
TOTAL CLAIMS			27			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						